FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

296380

OMB APPROVAL

OMB Number 3235-0076

Expires: March 31, 1991 Estimated average burden Hours per response . . . 16.00



<u> </u>		
Name of Offering (check if this is an amen	dment and name has changed, and indicate of	change.)
TDM VERIFIER TRUST 07		
Filing Under (Check one(s) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule	506 Section 4(6) ULOE
Type of Filing: New Filing	Amendment	_
The second of section and the second of the	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer check if this is an amendment and na	me has changed, and indicate change	
TDM VERIFIER TRUST 07		
Address of Executive Offices	(Number and Street, City, State, Zip (Code) Telephone Number (Including Area Code)
CAPITAL CENTER, 99 PINE STREET, ALBANY, NE	W YORK 12207	(518) 449-5131
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip C	Code) Telephone Number (Including Area Code)
Brief Description of Business		
The Company provides a fully integrated package of ser	vices to independent alarm dealers to allow them OC	ESSED against larger and better capitalized firms
Type of Business Organization corporation limited partnership, already form	ned other (please specify): ADD 1	7 2002
	APR I	7 2007 8
☑ business trust ☐ limited partnership, to be formed	IHON	
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two		NY CN for Canada; FN for other foreign jurisdiction

GENERAL INSTRUCTIONS

Federal

Who Must file: All issuers making an offering of securities in reliance on an exemption under regulation D or Section 4(6), 17 CFR 230.501 es seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A: BASIC IDENTICATION DATA
 Enter the information requested for the following: Each promoter of the issuer, if the issuer have been organized within the past five years
• Each beneficial owner having the power to vote or dispose, or direct the vote of disposition of, 10% or more of a class of
equity securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general an managing partner of partnership issuers.
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full Name (Last name first, if individual) MCGINN, TIMOTHY M.
Business or Residence Address (Number and Street, City, State, Zip Code)
99 PINE STREET, ALBANY, NEW YORK, 12207
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or. MANAGING PARTNER
Full Name (Last name first, if individual) SMITH, DAVID L
Business of Residence Address (Number and Street, City, State, Zip Code) 99 PINE STREET, ALBANY, NEW YORK, 12207
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Trustee Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check one(s) that Apply Rromoter Beneficial Owner Executive Officer Director General and/or
Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or v
Managing Partner
Full Name (Last name first, if individual)
Business of Residence Address (Number and Street, City, State, Zip Code)
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full Name (Last name first, if individual) Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)
Check one(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full Name (Last pame first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

•	1.	Has the iss	uer sold,	or does t	he issuer			non-accre ppendix,					Yes 🛛 No
	2.	What is the	e minimu	n invest	ment tha	t will be a	accepted t	from any	individu	ai?	•••••		\$ 10,000
	3.	Does the o	ffering pe	rmit joir	it owners	ship of a s	single uni	t?					⊠Yes □ No
		commissio person to b	n or simil e listed is	ar remut an asso	neration i ciated pe	for solicit	tation of p gent of a	ourchaser: broker or	s in conn dealer re	ection wegistered	ith sales with the		rectly, any s in the offering. If a r with a state or states,
Full Na	me (L	ast name fi	rst, if ind	ividual)									
MCGIN	NN, SI	MITH & C	0., INC.										
Busines	ss or R	tesidence A	ddress (N	lumber a	ınd Stree	t, City, S	tate, Zip (Code)					
99 PIN	E STR	EET, ALB	ANY, NE	W YOR	RK, 1220	7							
Name c	of Asso	ociated Bro	ker or De	aler									
		nich Person Il States" o				tends to S	Solicit Pu	rchasers		•			V All States
[AL]	(AK		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	X All States
[IL]	[IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	• •	[MN]	[MS]	[MO]	
[MT] [RI]	[N] [S0]		[NH] [TN]	[NJ] [TX]	[NM] [UT]	(NY) [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
		ast name fi			[0.]	[,,]	[• / •]	[,,,,]		[,,,,]	[,,,]	[1 15]	
Busines	s or R	esidence A	ddress (N	umber a	nd Stree	t, City, St	tate, Zip (Code)					
						•	•						
Name o	f Asso	ciated Bro	ker or De	aler									
States	in Wh	ich Person	Listed Ha	as Solici	ted or In	tends to S	Solicit Pur	rchasers	·				
													All States
[AL] [IL]	[AK [IN]] [AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[MT]	[N]		[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]		· · · · · ·	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
run Na	me (L	ast name fi	rst, II Indi	viduai)									
D .		• 1 •	11 (2)		1.0:	- C': - C						· · · · · · · · · · · · · · · · · · ·	
Busines	s or K	esidence A	ddress (N	umber a	nd Street	t, City, St	ate, Zip C	Code)					
Name o	f Asso	ciated Bro	ker or Dea	aler									
States	in 11/1-	ich Person	Lietad II.	e Saliai	ad or Int	ands to C	olicit D	-chass-s				<u></u>	
													All States
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[RI]	ISC		[NH] [TN]	[NJ] [TX]	[NM] {UT}	[YY] [VT]	[NC]	[ND] [WA]	(OH)	[OK]	[OR]	[PA] [PR]	

BAINTORMATION ABOUT OFFIRING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

ter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged Aggregate Amount Already Offering Price Sold Debt..... Equity..... Common Preferred Convertible Securities..... Partnership Interest..... Other(Membership interest in LLC)..... \$3,475,000 \$245,000 Total..... \$3,475,000 \$245,000 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero" Aggregate Dollar Number Amount of Investors **Purchases** Accredited Investors.... \$195,000 Non-accredited Investors..... 3 \$50,000 Total..... 12 245,000 Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Offering Type of Security **Dollar Amount Sold** Rule 505..... Regulation A..... Rule 504..... Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fee..... Printing and Engraving Costs..... Legal Fees..... Accounting Fees..... Engineering Fees..... Sales Commissions (Specify finder' fees separately)..... 485,000 Other Expenses (identify)..... Total..... 485,000

COFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

	aggregate offering price given in response to Part C—Question 4. a. This	difference is the	"adjusted
for each of the purposes shown. If the check the to left of the estimate. The	justed gross proceeds to the issuer usence amount for any purpose is not knowed total of the payments listed must equal ponse to Part C—Question 4. b above.	n, furnish an est	imate and
		Payments to Officers, Directors, & Affiliates	Payments to Others
Saleries and fees			<u> </u>
Purchase of real estate			<u> </u>
Construction or leasing of plant buildings and facilitie			
Repayment of indebtedness			
Column Totals	\$ \$		<u>X</u> \$3,065,00
Other (Specify): Column Totals	\$ \$ D. FEDERAL SIGNATURE	Part Care	3,065,000
Other (Specify): Column Totals Total Payments Listed (column totals added)	D. FEDERAL SIGNATURE be signed by the undersigned duly auth n undertaking by the issuer to furnish t	orized person.	If this notice is filed under Rule rities and Exchange Commission,
Column Totals	D. FEDERAL SIGNATURE be signed by the undersigned duly auth n undertaking by the issuer to furnish t	orized person.	If this notice is filed under Rule rities and Exchange Commission, evestor pursuant to paragraph (b) Date
Column Totals Total Payments Listed (column totals added) The issuer has duly caused this notice to be 505, the following signature constitutes as upon written request of its staff, the inform (2) of Rule 502. Issuer (Print or Type)	be signed by the undersigned duly auth n undertaking by the issuer to furnish t mation furnished by the issuer to any n	orized person.	If this notice is filed under Rule rities and Exchange Commission, exestor pursuant to paragraph (b)

ATTENTION

Intentions misstatements or omissions of fact constitute federal violations. (See 18 U.S.C. 1001.)

P. STATESIGNATURE AND ADDRESS OF THE STATES OF THE STATE OF THE STATE

1.	Is any party described in 17 CFR 230.252 (c), (d), (e), or (f) presently subject to any of the disqualifica	tion
		⊠ No
	See Appendix Column 5 m for state response	_

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (18CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the sate administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
	a d the thell	
TDM VERIFIER TRUST 07	tanta // fun	April 4, 2007
Name (Print or Type	Title (Print or Type)	•
•		
TIMOTHY M. MCGINN	CHAIRMAN AND DIRECTOR	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	J. Turnofacounity	ARRE		4	S SC Long of 1		5
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in State (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
İ			12% THREE YEAR PROMISSORY NOTES	Number of Accredited		Number of Non- Accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK						<u></u>			
AZ									
AR								<u> </u>	
CA					-				
СО									
CT		-							
DE									
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. 1	to non-s	d to sell accredited rs in State	3 Type of security and aggregate offering price offered in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)				
		3-ltem 1)	(Part C-Item 1)	m 1) (Part C-Item 2)					E-Item 1)
Ctata		N.		Number of Accredited		Number of Non- Accredited			
State MT	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NE									
NV									
NH									
NJ									
NM									
NY		X	\$145,000	8	\$35,000	2			X
NC		Α	3145,000	0	\$33,000				
ND	"								
ОН									
ОК									
OR		Х	\$50,000	t					X
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